

**MARYLAND GOVERNOR'S COMMISSION ON
ASIAN PACIFIC AMERICAN AFFAIRS**

Meeting Minutes

Date: Tuesday, November 18, 2008

Time: 6:30 pm – 9:00 pm

Place: University of Maryland Biotechnology Institute (UMBI)
CARB II Building, 9600 Gudelsky Drive
Rockville, Maryland

Present: Chair Jane Nishida, Anis Ahmed, Katherine Chin, Kwang Choi, Elizabeth Chung, George Dang, Dr. Kamala Edwards, Dr. Suresh Gupta, Maria Hrabinski, Shailesh Patel, Lily Qi, Dr. Sovan Tun, Beth Wong, Kui Zhao

Absent: Vice Chair Bruce Lee, Shukoor Ahmed, Dr. Martin Ma, David Pak, Tammy Pantages, Dr. Amjad Riar, Dr. Nayan Shah

Staff Present: David Lee, Agnes M. Smith

Guest Speakers:
Ted Roumel, Vice President, Research, Innovation and Commercialization, University of Maryland Biotechnology Institute (UMBI)
Bob Spector, Executive Director, Mobile Medical Care, Inc
Julie Bawa, Program Manager, Asian American Health Initiative

I. Welcome and Guest Speakers

Chair Jane Nishida opened the meeting and welcomed everyone. There was a brief update on the condition of Vice Chair Bruce Lee by Executive Director David Lee. It was also noted that the family is very private and, while they are aware and appreciative of the Commission's concern and sympathy, are requesting that they not be contacted. Commissioner Kitty Chin thanked everyone for their support for the memorial service held for former Chair Calvin Chin. Chair Nishida thanked the host, the University of Maryland Biotechnology Institute.

II. Guest Speakers

**Ted Roumel, Vice President, Research, Innovation and Commercialization
University of Maryland Biotechnology Institute (UMBI)**

Mr. Ted Roumel gave a short overview of UMBI. UMBI is one of the thirteen components of the University of Maryland System of higher education. UMBI is totally dedicated to research and development. UMBI does not grant grades to students. UMBI is a leader in technology research in Maryland. UMBI has four centers: 1) Center for Advanced Research and Biotechnology (CARB) (Shady Grove) known worldwide for research on protein structure; 2) Center for Bio-system Research (College Park); 3) Center of Marine Biotechnology (Baltimore)

is an internationally recognized research laboratory devoted to applying the tools of modern biology and biotechnology to study, protect and enhance marine and estuary resources; 4) Center for Medical Biotechnology (Baltimore). This center is the first recipient of the largest governor's award for stem cell research and is known worldwide. The Center for Agricultural and Environmental Biotechnology will be a new center located on the Eastern Shore. This center will be looking at novel ways of working in agricultural as well as preserving the environment. There have been a number of things said about farms effecting the environment, so this center will use 21st century science to use agricultural land not only to improve agricultural products but other products that come from that area.

UMBI's mission is to conduct groundbreaking research in key areas of biotechnology, to make fundamental discoveries, generate innovative solutions to practical problems, and develop new technologies for commercial application. UMBI is committed to providing an exceptional environment for specialized training and to mentoring tomorrow's biotechnology workforce while promoting economic growth.

UMBI Center for Marine Biotechnology's fruitful research collaboration aimed at preservation of the Chesapeake blue crab population has now been extended for an additional ten years. An agreement signed by Maryland's Department of Natural Resources (DNR) and the University of Maryland Biotechnology Institute (UMBI) calls for expansion of the new hatch and release facility for blue crabs at Piney Point in St. Mary's County.

They also look at other problems in that area. Medicines are developed from the ocean, bio fuels, etc. They have an award from DARPHA to develop jet fuel from algae.

Mr. Roumel spoke about promoting economic growth. He also spoke about the large education program at UMBI. Even though they are not a degree granting institution they do train and mentor students. They also have a program for K-12 for biologists. They also have a loaner lab program where they package up science projects/experiments and provide them on a loaner basis to various schools around the State. They are heavily involved with grades K-12.

Mr. Roumel spoke about some of the strengths of UMBI, one of them being able to work with industry.

Julie Bawa, Program Manager, Asian American Health Initiative (AAHI), Montgomery County Department of Health and Human Services

Ms. Julie Bawa spoke about the need for the Asian American Health Initiative in Montgomery County because of the rapid growth of Asian Americans. Ms. Bawa gave the definition of health disparities, which are gaps in the quality of health and health care across racial, ethnic and socioeconomic groups. She spoke on the diversity of the Asian American population which consists of over fifty countries with different languages, religions, traditions, etc. There are about 75% of Asian Americans that speak another language other than English at home. Asian Americans make up about 5% of Maryland's population. Montgomery County is home to about 44% of the Asian American population in Maryland. Asian Americans make up 13.3% of Montgomery County's population. There was a growth rate of 62% from 1990 to 2006.

Ms. Bawa informed the Commission that there is limited health data nationally and locally for Asian Americans. She spoke about Asian Americans being perceived as a model minority, having high socioeconomic status, having high level of education, having health insurance. However, the reality is that there are gaps, some groups have low socioeconomic status, no health insurance and face cultural and linguistic barriers. She also spoke to the Commission about some of the barriers for Asian Americans in accessing health care, such as lack of insurance, limited understanding of the healthcare system, cultural acceptance of alternative medicine, mistrust of western medicine, language, etc. Ms. Bawa spoke more on the uninsured rate among Asian Americans: 55% of Koreans, 37% of Vietnamese, 18% of Asian Indian, 16% of Chinese, 15% of Filipinos and 4% of Japanese do not have health insurance. Ms. Bawa said that 1 in 5 Asian Americans do not have health insurance between the ages of 18-35. Also nationally, Asian Americans were the only major population subgroup whose insurance coverage rate actually declined in 2006.

Ms. Bawa informed the Commission that heart disease is the number one cause of death for the general population, whereas cancer is the number one cause of death for Asian Americans. Asian American females are the first population to experience cancer as the leading cause of death. Hepatitis B is one of the largest threats for Asians. Asian are 3 to 13 times more likely to die from liver cancer caused by Hepatitis B. There is also a high risk of developing Osteoporosis for Asian Americans due to low bone mass and lactose intolerance. Mental health problems are disturbingly high, higher prevalence of Tuberculosis (TB), smoking rates are high for Asian American youth, diabetes, etc.

In FY 2005 the AAHI was funded receiving support from the county executive, county council, DHHS and community leaders who came together and advocated for this program. AAHI is housed at the Department of Health and Human Services under the Director's Office, Office of Community Affairs. There is also a Steering Committee where Commissioner Sovan Tun is a member.

AAHI's mission is to identify the health care needs of Asian American communities, to develop culturally competent health care services and to implement health education programs that are accessible and available to all Asian Americans. AAHI goal is to collect and report in-depth data, expand and improve the existing health services available so that they are more culturally and linguistically competent, increase educational awareness programs/outreach into communities, and ensure that all ethnic groups in the Asian American community have their fair share of health care.

One of the first things that AAHI did with the funds in 2005 was to develop a health needs assessment. At this time there was no data in Montgomery County and what the needs were. They worked with the University of Maryland on the seven major Asian American groups living in Montgomery County and came up with the first needs assessment. Through this AAHI developed several programs: Cancer, Hepatitis B, Diabetes Education, Osteoporosis Education and Screening, Tobacco Control, Health Promoters and Patient Navigator Programs.

AAHI has a huge list of partners, collaborators, CEOs, hospitals, etc. to help with reaching out to the Asian Americans. They also have a Health Promoters Program that consists of volunteers from the community recruited by AAHI who is committed for about one year. This program started in FY 07 with about 25 volunteers recruited. AAHI now have approximately 40 volunteers. These volunteers speak the various Asian languages which helps AAHI reach out to the subgroups.

Ms. Bawa spoke on another program started February of this year called the patient Navigator Program. This program assists in accessing health care services within the county as well as some of the safety net clinics. One of the main concerns in the community was the uninsured/low income who wanted to utilize services was unable because of the language barriers/cultural barriers was unable to communicate/navigate through the county system. This program has two components: multi-lingual health information line (Chinese, Korean, Vietnamese and Hindu) as well as another line for other languages. Also the navigators hired for this program, are certified medical interpreters. This program also allows AAHI to collect data from callers.

Ms. Bawa informed the Commission that AAHI website is in four languages. The website address is: www.AAHIinfo.org. They also publish a lot of materials in at least five languages. This includes posters, brochures, medical guides, information booklets, etc. They had an AAHI Health Disparities Conference in May 2006 with about 250 attendees. They are hoping to have their second conference in May 2009.

Another project is the AAHI Needs Assessment Report 2008. This report represents 13 Asian American communities due to the fact that AAHI partnered with a lot of small communities this time as well as with the University of Maryland. The reports have three parts:

- 1) Who Are We

Looking at the latest demographics

- 2) What Are Our Concerns

Lifestyles affecting the Asian Americans, diet, physical activities, tobacco, alcohol and substance abuse, attitudes and knowledge (especially seniors), financial access, communication, transportation, etc.

- 3) What Will We Do

Continue to expand access to quality health care services, invigorate and expand partnerships and collaborations and continue data collection and reporting

AAHI is working on a five year strategic plan for Asian Americans to guide them on where they should be heading. Ms. Bawa spoke about the State's DHMH Roundtable Discussions held in 2006. AAHI recommends that the State continue dialogue on Asian American health, recognize diversity, provide healthcare navigation, recognize mental health as a concern and identify ways to deal with the language barrier, implement standards for culturally competent care, access to language services, advocate for improvements in data collection and reporting, build partnerships statewide and allocate appropriate resources. Ms. Bawa also quoted one of the presenters at the conference: "In order for us to address health disparities, we must avoid viewing communities simply as data sets from which we present findings and recommendations and hope someone else follows through on them..." AAHI is committed to continue to work and take action.

Bob Spector, Executive Director, Mobile Medical Care, Inc.

Mr. Bob Spector informed the Commission that Mobile Medical Care, Inc. has been around for forty years, has forty diverse staff persons and 300 volunteers. Mobile Med provides primary care and the Head Start Health Program in the public schools that serve about 1,500 pre-school children at about 16 locations. This is significant since many of the pre-schoolers have families, so this opens up another gateway to the program. The primary care content includes examinations and diagnoses of every patient seen as part of a comprehensive medical care plan. Patients are notified of conditions and advised of the plan of action. Mobile Med provides

medicines and work with three area hospitals which provide labs and diagnostic tests free. They provide access to specialty care through volunteer specialists that Mobile Med recruits. They also do medical case management. Doing all these services, assessing the situation, this is sort of a navigation process done by health professionals to make sure that the systems are connected. The health care system is difficult with its programs, Medicaid, etc. Mobile Med also helps with medicines/medical supplies that do not require a prescription. They have worked out an arrangement with a pharmacy where they can write a prescription for medicines/medical supplies that do not require a prescription and the patient receives it free. They serve more than 7,000 persons. They are the primary provider in Montgomery County for the homeless. They serve hundreds of people that can not be served elsewhere such as persons with visas, undocumented immigrants, etc. They believe that everyone is entitled to quality health care. Mobile Med is a patient centered focus. No one is denied service because of their inability to pay. Mobile Med serves regardless of income, ethnic origin, gender, citizenship, background, organization affiliation, etc. Mr. Spector informed the Commission that Mobile Med is a patient centered model and does not discriminate.

Mobile Med has three medical vans in service and operates 20 clinics. Mobile Med is one clinic with 23 locations no matter what ethnicity the clinic is, but equally they are 23 independent clinics who all agree to abide by a central medical protocol. Mr. Spector said that part of his job is balancing the demands of the clinics. Mr. Spector spoke about the diversity of the clinics which is very essential in helping Mobile Med reach the communities.

III. Public Participation

Numerous members from the public spoke about the health issues facing the Asian Pacific Americans in Maryland. They were pleased to receive the information from Ms. Bawa and Mr. Spector about the different programs available in Montgomery County available to the Asian Pacific American communities. There was also a discussion about the Asian American Anti-Smoking Foundation. The Asian American Anti-Smoking Foundation is reaching out to the communities about the Tobacco Prevention Program and the Colon Cancer Prevention Program.

IV. Annual Joint Commissions Assembly

Executive Director David Lee spoke about the Annual Joint Commissions Assembly scheduled for December 9, 2008 at the Miller Senate Office Building. Mr. Lee informed the Commission that at the beginning of the year, the Ethnic Commissions by Executive Order was brought into the Executive Department in the Governor's Office of Community Initiatives. There was already a couple of Commissions already in that office. With the Ethnic Commissions coming into this Office, there are now six Commissions: Asian, Hispanic, Native American, Middle Eastern, Service and Volunteerism and African American History and Culture. All of these Commissions will be coming together for an annual meeting, and there will be an opportunity to interact with other Commissions/Commissioners, see what other commissions are working on and look at areas of collaboration and partnership. Mr. Lee gave some detail about the agenda for that day which includes individual meetings for each of the Commissions. That evening the Governor will attend and have an opportunity to hear from each of the Commissions about the work that they are doing and plans for the future.

Chair Nishida said that unfortunately she will be out of the country on December 9 and she has asked Commissioner Beth Wong to represent the Asian Commission.

Chair Nishida spoke about the Commission's work plan in which the short term goals are on target. She would like to focus on where we go from here. We have the informational meetings on what the problems is, now the challenge is what do we recommend to the Governor's Office, health department, Department of Budget Management in regards to workforce diversity issues. How can we help them in identifying some concrete measures in terms of going forward? It is not enough to say here is the problem, but it is our responsibility to come up with suggested solutions. Chair Nishida asked that the Commission use December 9 to develop those proposals.

Chair Nishida said that the next report to the Governor she would like to present concrete actions. She wants them for the next six months to think about some concrete actions that the Commission can work on.

Chair Nishida asked the Commission to come up with specific initiatives that can be recommended to the Governor's office so that we can work with them to implement them in the next year. Because of the fiscal situation there will be constraints but that does not prevent them from coming up with initiatives that don't require a large investment of fiscal resources.

Executive Director Lee informed the Commission that the Governor has other things in the works right now such as the Task Force on the Preservation Heritage Language which will promote the preservation of heritage languages and teaching of heritage languages. This will be for the betterment of the community as a whole for national security purposes and other reasons. The other big initiative that comes directly from the Governor's Office is the New Americans Initiative. This initiative will be to promote the faster immigration of all immigrants into Maryland society, not only in terms of citizenship/naturalization issues but workforce development, training, streamlining professional certification, etc. This will help New Americans integrate into Maryland's economy and society.

VI. New Business

Chair Nishida said that the next meeting will focus on U.S. Census 2010 because it is very important that the Asian community understand the importance of the Census in terms of being able to get the services and proper reporting.

Chair Nishida suggested that the next meeting be moved to January 13 due to the Inauguration and will be held in Annapolis.

There was a motion to approve the minutes for the September meeting. Second. Minutes approved.

Chair Nishida thanked everyone and wished everyone a happy holiday season.

The meeting was adjourned at 9:30 p.m.